

**NOTE:** As an applicant for a City of Sugar Land committee, information submitted on this application may be available under the provisions of the Public Information Act. You will be contacted before any action is taken on your appointment.

## PLEASE PRINT, COMPLETE AND FAX THE FOLLOWING FORM TO 281-275-2316.

| PLEASE TYPE OR PRINT CLEARLY  |                                       | Date:                                |                           |
|---|---------------------------------------|--------------------------------------|---------------------------|
| Name:   | · · · · · · · · · · · · · · · · · · · | Telephone:                           | (H)                       |
| Home Address:   |                                       |                                      | (W)                       |
| Subdivision:  |                                       | E-mail:                              |                           |
| Resident of City for years.   |                                       |                                      |                           |
| Why do you wish to serve on the committ Land Police Department.)                                      |                                       | _                                    | e community and the Sugar |
|   |                                       |                                      |                           |
| Subcommittee Preference? (Check one)  |                                       |                                      |                           |
| Recommended Actions to Improve  | Community Relations                   |                                      |                           |
| Assist and Develop Professional p   | rofile for New Chief                  |                                      |                           |
| Evaluate and Recommend Improvo  |                                       | for the Receipt, Processing and Resp | onse to citizen           |
| Are you between the ages of 15 and 20? _  | yes no                                |                                      |                           |
| The below questions are asked because the ment of qualified individuals representing a nity at large. |                                       |                                      |                           |
| Race:   | Sex:                                  | Date of Birth:                       |                           |
| Signature of Applicant  |                                       |                                      | Date                      |

Thank you for taking the time to complete this application. The information will be helpful to the members of City Council in making appointments and to the City in coordinating volunteer services.

Please return this form to: City of Sugar Land, Attention: City Secretary, Post Office Box 110, Sugar Land, Texas 77487-0110 281.275.2730 Voice 281.275.2316 Fax